

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 5500000064046116
Process Date: 08/26/2010
Page: 1 of 2
HOODA, BARKAT
For authorized use by:
WCA HOSPITAL

ADVERSE ACTION REPORT

TITLE IV CLINICAL PRIVILEGES ACTION

Report Number: 5500000064046116

This report is maintained under the provisions of:

☒

Title IV (NPDB)

☐

Section 1921 (NPDB)

☐

Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: WCA HOSPITAL
Address: 207 FOOTE AVE
P.O. BOX 840
City, State, Zip: JAMESTOWN, NY 14702-0840
Country:
Name of Office: CAROL N. GALLAGHER, CPS, CPCS
Title or Department: CREDENTIALING SPECIALIST
Telephone: (716) 487-0141 Ext. 8422
Entity Internal Report Reference:
Customer Use: 1762
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: HOODA, BARKAT
Other Name(s) Used:
Gender: MALE
Date of Birth: 05/06/1968
Organization Name: WCA HOSPITAL
Work Address: 207 FOOTE AVE.
PO BOX 840
City, State, ZIP: JAMESTOWN, NY 14702-0840
Home Address: 165 FRONT STREET
City, State, ZIP: LAKEWOOD, NY 14750
Deceased: NO
Social Security Numbers (SSN): ***-**-8321
Professional School(s) & Year(s) of Graduation: THE AGA KHAN UNIVERSITY (1991)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 003422, NY
Drug Enforcement Administration (DEA) Numbers: FH1623912
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): WCA HOSPITAL
Business Address of Affiliate: PO BOX 840
207 FOOTE AVE.
City, State, ZIP: JAMESTOWN, NY 14702
Nature of Relationship(s): SUBJECT HAS CLINICAL PRIVILEGES WITH AFFILIATE OR ASSOCIATE (350)

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: INAPPROPRIATE REFUSAL TO TREAT (FA)
Adverse Action
Classification Code(s): VOLUNTARY SURRENDER OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT (1635)

14

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Date Action Was Taken: 07/13/2010
Date Action Became Effective: 07/22/2010
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

Physician refused to attend a delivery for a critically ill infant when he was the responsible physician on call. Physician resigned his medical staff privileges and left the area while under investigation for his failure to respond as required.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- ☐ If box is checked, this report has been disputed by the subject identified in Section B.
- ☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/26/2010
Date of Most Recent Change: 08/26/2010

END OF REPORT